

TIP NO.: _____ COUNTY: _____ DATE: _____

STATION & DESCRIPTION: _____

PIER LOCATION: BENT NO. _____ PIER NO. _____

DATE EXCAVATION: START _____ FINISH _____

DATE AND TIME BOTTOM INSPECTED: _____

DATE AND TIME CONCRETE PLACED: _____

	DESIGN MEASUREMENTS	FIELD MEASUREMENTS
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TOP PIER ELEV. (ft/m): _____

BOTTOM PIER ELEV. (ft/m): _____

TOP PIER DIA. (in/mm): _____

BOTTOM PIER DIA. (in/mm): _____

PIER LENGTH (ft/m): _____

LONG. REBAR SIZE: _____

ALIGNMENT: _____

BEARING STRATA DESCRIPTION: _____

DESIGN BEARING CAPACITY: _____ tsf/kPa

METHOD TO CHECK BEARING (SPT, Test Hole, Visual): _____

BEARING CAPACITY RESULTS: _____

METHOD TO CLEAN HOLE (Airlift, Submersible Pump, By Hand): _____

METHOD TO CHECK CLEANLINESS (SID, Steel Probe, Visual): _____

CLEANLINESS RESULTS: _____

WATER INFLOW RATE: _____ in/mm per ½ hr WET OR DRY POUR: _____

FREE FALL/TREMIE/PUMP: _____

	THEORETICAL VOL.	VOLUME PLACED
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CONCRETE VOLUME: _____ yd³/m³* _____ yd³/m³**

CONC. SLUMP (in/mm): TRK 1 _____ TRK 2 _____ TRK 3 _____ TRK 4 _____

SPACER TYPE & SIZE: SIDE _____ BOTTOM _____

ADDITIONAL COMMENTS/PROBLEMS: _____

PLAN LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____

PAY LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____

GEOTECHNICAL OPERATIONS ENGINEER: _____

RESIDENT ENGINEER: _____ INSPECTOR: _____

DRILLING CONTRACTOR: _____

GENERAL CONTRACTOR: _____

* VOLUME OF EXCAVATION FROM TOP OF PIER ELEV. (Calculate for telescoping casing.)

** TOTAL CONCRETE TICKETS VOLUME MINUS ESTIMATED WASTED CONCRETE VOLUME

N. C. DEPT. OF TRANSPORTATION DRILLED PIER INSPECTION FORM CASING METHOD

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Attach a copy of corresponding SID Inspection Form, if applicable, and Drilling Log and forward copies of all forms to either Mr. K. J. Kim, Eastern Regional Geotechnical Manager (Divisions 1 through 7), or Mr. John Pilipchuk, Western Regional Geotechnical Manager (Divisions 8 through 14).

